

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/576870

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112	1					
113						
114	1					
115	1					
116	1					
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118	1					
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120		1				
121		1				
122	1					
123		1				
124		1				
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126	1					
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136						
137						
138						
139						
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141						
142	1					
143		1				
144		1				
145						
146	1					
147						
148						
149						
150						
TOTAL IND.	13					
TOTAL DEP.	62					
TOTAL CLAIMS	75					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152	1					
153	1					
154	1					
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200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						